DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 1 — 0 7

2. STATE: VA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 01,2001

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR Part 435

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 $ 1,250,900
b. FFY 2003 $ 1,443,055

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.2A, p 23b.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Add new page

10. SUBJECT OF AMENDMENT:
Coverage of treatment for women under age 65 for breast and cervical cancer.

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Secretary of Health and Human Resources.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Eric S. Bell

14. TITLE:
Director

15. DATE SUBMITTED:
06/13/2001

16. RETURN TO:
DMAS
600 E. Broad Street, Suite 1300
Richmond, Virginia 23219
ATTN: Regulatory Coordinator

17. DATE RECEIVED: 6/19/01

18. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/01

19. [illegible]

20. TYPED NAME: ODETTE V CAMPBELL

21. TITLE: [illegible]

22. REMARKS:

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency	Citation		Groups Covered
		B.	Optional Coverage Other Than the Medically Needy (Continued)
IV-A	1902(a)(10)(A)(ii)(XVIII) of the Act	☒	24. Women who: a. have been screened for breast or cervical cancer under the centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with Section 1504 of the Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix; b. are not otherwise covered under creditable coverage, as defined in Section 2701 (c) of the Public Health Services Act; c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and d. have not attained age 65.
	1920B of the Act	☐	25. Women who are determined by a "qualified entity" (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902(aa) the Act related to certain breast and cervical cancer patients. The presumptive period begins on the day that the determination is made. The period ends on the date that the state makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made. The presumptive period ends on that last day.

Transmittal Summary
SPA 01-07

I. IDENTIFICATION INFORMATION

Title of Final Regulation: Optional Categorically Needy Groups other than the medically needy

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, §32.1-325, grants to the Board of Medical Assistance Services (BMAS) the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, §32.1-324, grants to the Director of the Department of Medical Assistance Services (DMAS) the authority to administer and amend the Plan for Medical Assistance in lieu of Board action pursuant to the Board's requirements.

Purpose: The purpose of this amendment is to provide Medicaid coverage to uninsured women under age 65 who have been screened under the Centers for Disease Control and Prevention's Breast and Cervical Cancer Early Detection Program and need treatment for breast or cervical cancer, including pre-cancerous conditions of the breast or cervix.

Substance and Analysis: The section of the State Plan affected by this action is Attachment 2.2-A (12VAC30-30-20).

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA – the Act) (Public Law 106-354) amended Title XIX of the Social Security Act to give states the option to provide Medicaid eligibility to a new group of individuals previously not eligible under the program and to provide enhanced matching funds for coverage of this new group. The new option allows Virginia to provide full Medicaid benefits to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment of breast or cervical cancer, including pre-cancerous conditions and early stage cancer.

Senate Bill 1377 enacted in the 2001 Session of the General Assembly requires the Department to include coverage of this new Optional Categorically Needy group in the State Plan for Medical Assistance.

The Virginia Department of Health (VDH) operates the federal Breast and Cervical Cancer Early Detection Program in the Commonwealth and receives a grant through the Centers for Disease Control and Prevention (CDC) to promote breast and cervical cancer screening. Local health departments, clinics and major medical centers are responsible for conducting the screenings. Grant funds are used to pay for screening services for eligible women, however,

the federal law which authorizes the grants does not allow CDC to pay for treatment services for those women who are diagnosed with breast or cervical cancer. Since 1997, 62 women enrolled in the screening program have been diagnosed with breast cancer and 13 have been diagnosed with cervical cancer.

It is difficult for many uninsured women who are screened and diagnosed through the CDC programs to obtain timely access to treatment services. The Breast and Cervical Cancer Prevention and Treatment Act allows states to provide coverage of these women under Medicaid. In order to qualify under this new Optional Categorically Needy eligibility group, the woman must meet certain requirements. First, the woman must have been screened for breast and cervical cancer under the CDC Breast and Cervical Cancer Early Detection Program and found to need treatment for either breast or cervical cancer. Secondly, she must be uninsured. She must not otherwise have creditable coverage and must not be eligible under any of the mandatory Medicaid eligibility groups. There is no requirement that there be a waiting period of prior insurance before a woman who has been screened under the CDC program can become eligible for Medicaid. Finally, the woman must be under 65 years of age.

A woman whose eligibility is based on this new Optional Categorically Needy group is entitled to full Medicaid coverage; coverage is not limited to coverage for treatment of breast and cervical cancer. Medicaid coverage under this new eligibility group is for individuals whose diagnosis was made through a NBCCEDP entity. CDC considers a woman to have been screened under the CDC program if CDC Title XV funds paid for all or part of the costs of her screening services. The woman is also considered to be screened by CDC when her screening was rendered by a provider or an entity funded by Title XV funds at least in part. Additionally, the woman is considered as screened under the CDC if the screening is done as part of other Title XV funding to a State Title XV grantee. As long as one of these criteria is met, the woman will be considered eligible for Medicaid.

Impact: DMAS estimates that total breast cancer treatment costs resulting from this bill will amount to approximately $1.8 million ($593,437 GF) in FY 2002 and $2.1 million ($717,902 GF) in FY 2003. DMAS estimates that total cervical cancer treatment costs resulting from this bill will be $67,085 ($22,748 GF) in FY 2002 and $92,429 ($31,472 GF) in 2003. These costs will be absorbed within existing appropriations and will be included in DMAS' Medicaid expenditures forecast presented to the Governor and General Assembly next year.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

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HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 0 — 0 7

2. STATE: VIRGINIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
JULY 1, 2000

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR Part 447

7. FEDERAL BUDGET IMPACT:
a. FFY 2001 $ ~~-0-~~ $6.3 million
b. FFY _____ $ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19A,
pp 1-23

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19A,
all pages

10. SUBJECT OF AMENDMENT:
Methods and Standards for Establishing Payment Rates-
Inpatient Hospital Services (Diagnosis Related Groups)

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Secretary, Health and Human Resourc

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Dennis E. Smith

13. TYPED NAME: Dennis Smith

14. TITLE: Director

15. DATE SUBMITTED: 8/24/00

16. RETURN TO:
Dept. of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Attn: Reg. Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/26/00

18. DATE APPROVED: May 17, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/00

20. SIGNATURE OF REGIONAL OFFICIAL: Claudette V. Campbell

21. TYPED NAME: CLAUDETTE V CAMPBELL

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & STATE OPERATIONS

23. REMARKS:

MRC T. Gallahan 5/17/01

FORM HCFA-179 (07-92) *Instructions on Back*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT SERVICES

CHAPTER 70.
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES; INPATIENT HOSPITAL CARE.

PART V.
INPATIENT HOSPITAL PAYMENT SYSTEM.

Article 1.
Application of Payment Methodologies.

12 VAC 30-70-200. Repealed.

12 VAC 30-70-201. Application of payment methodologies.

A. The state agency will pay for inpatient hospital services in general acute care hospitals, rehabilitation hospitals, and freestanding psychiatric facilities licensed as hospitals under a prospective payment methodology. This methodology uses both per case and per diem payment methods. Article 2 (12 VAC 30-70-221 et seq.) describes the prospective payment methodology, including both the per case and the per diem methods.

B. Article 3 (12 VAC 30-70-400 et seq.) describes a per diem methodology that applied to a portion of payment to general acute care hospitals during state fiscal years 1997 and 1998, and that will continue to apply to patient stays with admission dates prior to July 1, 1996. Inpatient hospital services that are provided in long stay hospitals and state-owned rehabilitation hospitals shall be subject to the provisions of Supplement 3 (12 VAC 30-70-10 through 12 VAC 30-70-130.

C. Transplant services shall not be subject to the provisions of this part. These services shall continue to be subject to 12 VAC 30-50-100 through 12 VAC 30-50-310 and 12 VAC 30-50-540.

12 VAC 30-70-205. REPEALED.

Article 2.
Prospective (DRG-Based) Payment Methodology.

12 VAC 30-70-210. Repealed.

12 VAC 30-70-211. Reserved.

12 VAC 30-70-221. General.

A. Effective July 1, 2000, the prospective (DRG-based) payment system described in this article shall apply to inpatient hospital services provided in enrolled general acute care hospitals, rehabilitation hospitals, and freestanding psychiatric facilities licensed as hospitals, unless otherwise noted.

B. The following methodologies shall apply under the prospective payment system: